

Study finds those who detransition avoid medical help

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Medical education, research and clinical guidelines are all available to support the initiation of gender-affirming care for transgender people, but a York University-led qualitative study has found these resources are sparse when patients discontinue or reverse gender-affirming medical or surgical interventions—referred to as detransition.

The study results published today in the journal *JAMA Network Open*, indicate that individuals detransition for various reasons including physical and mental health concerns or an evolving gender identity, such as shifting from trans men or trans women, to non-binary or re-identifying with their birth sex.

"A majority of respondents reported little decisional regrets regarding prior gender-affirming interventions, however participants frequently discussed stopping gender-affirming hormones 'cold turkey' without [medical supervision](#), facing provider stigma, and experiencing clinicians who lacked detransition-related clinical knowledge," says Professor Kinnon Ross MacKinnon, lead author of the study.

"I actually just stopped talking to them [clinicians]... I felt like they were going to be mad at me [for detransitioning]," said one study participant who quit taking testosterone and seeing her therapist. "I had like almost no supports when that was happening." Although during her initial medical transition she had positive relationships with her [healthcare providers](#) and therapist, she felt guilt and shame about detransitioning, and was worried that her clinicians would misinterpret

her initial transition as a mistake and subsequent detransition as regret.

"Rather than relying on clinicians who were often a source of distrust, many turned instead to online detransition networks and social media. Often, they did not have a clear understanding of what health implications to expect when stopping gender-affirming hormones," points out MacKinnon.

Medical detransition was often experienced as physically and psychologically challenging. Some individuals initiated the process after gonadectomies or lower surgeries, which meant switching from masculinizing to feminizing hormones or vice-versa.

"The first doctor I went to—and the second doctor—both didn't have a clue what was going on ... I feel like more information [is needed] around specifically people who need to get off testosterone to go back onto another [hormone]," said another study participant who now identifies as female. In her initial transition process as a transgender young person, her [gender dysphoria](#) had been treated with testosterone and both oophorectomy and hysterectomy. However, when she was seeking medical support to detransition and switch from testosterone to estrogen, she felt her medical providers were unprepared to meet her needs.

Aside from physical and [mental health concerns](#), factors motivating detransition included surgical complications and post-operative pain, unsupportive parents or romantic partners, and employment discrimination. In the last two years, the COVID-19 pandemic and related lockdowns was an additional impediment, causing difficulty accessing clinical appointments or gender-affirming surgeries.

For the study, 28 adults between the ages of 20-53—the majority of whom were assigned female at birth—were interviewed about their

experiences of detransition, including their healthcare encounters when discontinuing or reversing gender-affirming medical or surgical care.

MacKinnon and other researchers from Simon Fraser University, University of British Columbia, University of Michigan, and University of Toronto who worked on this study, conclude that further research and clinical guidance is required to address the unmet needs of those who discontinue or seek to reverse prior gender-affirming interventions.

More information: Kinnon R. MacKinnon et al, Health Care Experiences of Patients Discontinuing or Reversing Prior Gender-Affirming Treatments, *JAMA Network Open* (2022). [DOI: 10.1001/jamanetworkopen.2022.24717](https://doi.org/10.1001/jamanetworkopen.2022.24717)

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